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ABSTRACT

Two papers examine vocational training, special education, and government services for the disabled in the Netherlands. Originally presented at a convention poster session of the 16th World Congress of Rehabilitation International, the first paper focuses on the national institute at Werkenrode which provides a residential practice-based education for physically disabled young people up to the age of 25. Vocational training is provided in administration, printing, and horticulture. Practical training is provided both at the institute and in the individual's home community. Job placement was 100% for pupils completing the approximately 18-month program in 1987. In addition, the institute conducts a secondary school for 190 students with disabilities. The institute also plays a role in changing public attitudes toward the disabled and in supporting research. The second paper reviews services for the disabled noting the role of the government, regional assistance, and the private sector. The variety of living arrangements provided is summarized as are transport accommodations, leisure activities, the role of work, sheltered workshops, early detection, special education, and vocational training. Current issues addressed include a decline in resources, increased government rules, and automation. (DB)

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16th World Congress Rehabilitation International, Tokyo, September 1988

Poster-session presentation by Ton Bergers, director of Werkenrode,
Nijmeegsebaan 9, 6561 KE GROESBEEK, The Netherlands

[and]

Seen at Close Quarters

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16th World Congress Rehabilitation International, Tokyo, september 1988

Poster-session presentation by Ton Bergers, director of Werkenrode, Nijmeegsebaan 9, 6561 KE GROESBEEK, The Netherlands

In this short presentation I would like to ask your attention for the place special education and the specific vocational training have in the Netherlands.

In our country many people with a physical handicap are given the opportunity to be educated in regular schools, from primary schools to universities. The government, however, aims at reducing the number of young people that are educated in special schools strongly. This means that those handicapped people that make use of regular schools are given support by the government and the social funds. These facilities for study may be an interpreter for the deaf, a computer for people that are visually handicapped, the extra cost of transport, facilities for pupils, and adaptations in the school building. Of course this also holds for the technical colleges. A few years ago the government fixed the financial contribution of the social funds. The only problem left concerns those very young children that are not yet of school age and those who, in spite of their handicap start to attend classes later in life. For the latter group the answer to the question whether they are still fit for work is of special importance. However, it would carry us too far, if I should go more deeply into this here. Those who are interested in education and Social Security Acts in the Netherlands I would like to refer to my memorandum "Seen at close quarters", of October 1986, of which a limited number of copies is available. You can ask for a copy at Werkenrode, P.O. Box 9002, 6560 GC GROESBEEK, the Netherlands.

The function of special education and specific vocational training is indeed very limited. On the one hand this is the result of a budgetary approach, for, generally speaking special education is more expensive. But on the other hand also of a very fundamental approach. Handicapped people should be reckoned with in the regular facilities. Yet there are a number of handicapped young people who are not - yet - able to find their way in the regular system on account of social and physical limitations. Both for the mentally retarded and for those who are physically or visually handicapped or hearing impaired there are facilities in the Netherlands. The number of institutes for vocational training that are specifically aimed at handicapped young people is small. Those are national institutes. For the physically handicapped there are two: the Centre for Vocational Training in Hoensbroek and the one in Werkenrode, of which I am general manager. Besides there is a centre for blind persons.

Point of departure in the Werkenrode approach is a highly practice-based education. Especially young people up to the age of twenty-five receive vocational training adapted to their possibilities in the administrative sector, the printing trade and horticulture, whereas there are also possibilities if the pupil is dependent on another course. The average stay is eighteen months, but shorter courses are also possible. In the training two periods of practical training are included. One in the immediate surroundings of the institute, the other

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in the neighbourhood of the place of origin. For Werkenrode is a national institute.
Thanks to the efforts of the students, thanks to the financiers (the Ministry of Social Affairs and Employment and the social partners, i.e. employers and employees), and the teachers it appeared in 1987 to be possible to find all the pupils, that is 100%, a job in industry.
We should take into account, however, that we are talking about highly motivated young people. The admission procedure for the trianing takes 6 to 9 months.

Apart from vocational training there is also a so-called training-project at Werkenrode, offering young people from the immediate surroundings of the institute a training. The results of this can also be described as particularly good.
Werkenrode moreover disposes of a school for special secondary education. This is also a national school, for 190 young people.

All in all it can be said that very much attention is paid to the primary aim, namely vocational training for physically handicapped young people and education.

But there is more a special institute can do. In my view it may contribute considerably to the acceptation of the fact that handicapped young people are able to work.
An important means in this is information, especially information for career advisers in regular education, the trade unions and public opinion. Each year a short film about our institute is shown on Dutch television, and again and again it makes people, not only handicapped people, but also social workers, realize that handicapped people are able to fully participate in society.

It also happens that people who are handicapped stay temporarily in our institute and are afterwards able to get back to regular education. Moreover further specific training is offered to those who had to drop out of regular education.
Special education also offers the possibility of experiments, such as the development of new curricula and new methodologies, which may be used later in regular education as well.

From a centre like ours support is given to regular education in the area. Teachers may advice their colleagues and it goes without saying that advice may also be given by the para-medical staff.
Industry too may ask for advice when employees have unexpectedly and temporarily dropped out as a result of a disease or an accident, and they may learn from our centre how to fit in those employees again.

An important new development at Werkenrode is that a research and information bureau has been realized, which aims at giving physically handicapped young people from the area advice about their future career opportunities. Even though the bureau opened only recently, it appears that both the bodies that find jobs (that is to say social workers, industry) and the handicapped person make use of it.
In the past twenty-five years much experience has been gained in the field of research into the career opportunities of handicapped people.

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Things do not end with an interview at a desk, but an overall examination, not only medical, but also technical and psychological, is performed, and this makes tuning well possible. The result may be placement in a special institute, but of course also direct employment in a business, e.g. as an apprentice, or placement in regular education.

In research too the function of a special institute is very important. Together with T.N.O. (Dutch Organization for Applied Scientific Research) research is now carried out into the openings for one-armed and one-handed people who have had little previous education, not only by using data of our institute, but also national and international data. Especially this group of handicapped people seems difficult to place in the first instance. During the past few years we have educated more than 200 young pleple with this handicap at Werkenrode. Now we examine which position they have taken in the production process and we want to examine which curricula we can offer this group, on the basis of that experience and of the information we receive from elsewhere.

In the field of gardening for handicapped people, and the use of all kinds of aids an institute like ours can be of great value. Of course this also holds for the adaptation of society, e.g. making public buildings, houses and sports centres more accessible, but in fact each centre may contribute to this.

Especially in the field of housing/living the institute Werkenrode has created many opportunities in the area. The fact is that we do have much experience in the field of housing/living, because our pupils hail from all parts of the country.

I hope it will have become clear to you that the task and place of an institute may be a lot more than a specific vocational training that gives people much job satisfaction again, and makes it possible for them to integrate in society.
Of course that depends on the situation, on the location, but especially on the creativity of the staff of such a centre.

An important additional aspect is that the greater part of the accomodation - there are about 200 rooms and apartments in all - is especially in he summer made available for housing groups of handicapped people. This is more than regional because foreign youngsters may use this accomodation too. Here I refer again to a circular that is available, and if you are interested you can ask for it at Werkenrode, P.O. Box 9002, 6560 GC GROESBEEK, the Netherlands.
Telephone nr. 08891 - 71744; Telefax nr. 08891 - 76990

I thank you for your attention.

SEEN

the Netherlands

AT CLOSE QUARTERS

Handicapped people

- their possibilities
- assistance
- policy today and tomorrow

Ton Bergers

October 1986

SEEN AT CLOSE QUARTERS

Handicapped people

- their possibilities and limitations
- assistance
- policy today and tomorrow

Ton Bergers[1)]
October 1986

General

It gives me much pleasure to inform you of my experience in the care of handicapped people in the Netherlands. Not only of the care of today, but also of the way in which the development of that care has taken place. Furthermore I would like to tell you how we are going to do this in the future. You should not expect me to argue elaborately, but rather to indicate the roads and possibilities and a personal view on them, and I shall take much care not to pace about with Dutch wooden shoes like a bull in a china shop in the presence of so many excellent colleagues from the government and the social partners (government, management and trade unions). You may recognize several items. Maybe you will have questions too or you will also disagree with me occasionally. This might contribute, I hope, to a discussion taking place in the next few days. Besides I shall be only too pleased to learn your view, your experience, so that these may be of use with the further development in our country.

The handicapped person

First of all some general information. With this it is important to say that handicapped people have, generally speaking, much more possibilities in the Netherlands than some twenty years ago. Reasons for this are the policy of the government, a political question, the social partners (government, management, trade unions) and changes in society. There is more money, more understanding and there are also much more material possibilities, both in the field of labour and in housing, recreation and sports.

Besides the medical model, i.e. the handicapped person is ill, making the handicapped person highly dependent on assistance, has lost influence for the greater part.

Handicapped people rightly ask not to be assessed on their handicap, but on their being a person. They too long for a certain control over the treatment they get. They want to get rights in stead of favours. Even now they sometimes wonder whether traditional assistance does not increase the dependence of the handicapped person. With this one is only too aware that the actual situation in which the handicapped person lives is also created by his/her surroundings. E.g. both the inaccessibility of buildings, transport problems, shortage of money, legislation, and by his/her personal defect.

According to many the handicapped person should not be seen so much as a patient, but mainly as a consumer. Assistants should offer their services in such a way that the handicapped person can decide on them hin/herself. When we talk about the target group the question may be asked: who is handicapped?
In the Netherlands a distinction is made when classifying the handicapped into three categories[2)]:
a) people with physical and/or sensory handicaps;
b) mental handicaps
c) people who are multiply handicapped.

According to official figures 1 million people of the Dutch population, which is about 9%, over the age of five, suffer from some physical or sensory handicap or other. Besides there is another group wich has some mental handicap or other.

Our country is densely populated and not large[3]. There are hardly great distances. The care of the handicapped is for a not unimportant part in the hands of private initiative.

The role of the government

In many cases the state acts as financier, contrary to earlier times when charity was appealed to. Sometimes the local authorities, which also have projects of their own. Not only the state, but also the social funds are financiers. These funds are made up by the mandatory contribution of the earnings of trade and industry and employees. They (the state, the municipalities and the social funds) actually finance private enterprise, which thus can only be established or kept thanks to and with the support of the government. So the government does supervise and is able to make unacceptable projects impossible by tigthening the purse-strings. One aims at pushing back a little the role of the central authorities and laying more emphasis on the local authorities. The government, the ministries that are concerned with the care of the handicapped are the Ministry of Education and Science, the Ministry of Welfare, Health and Cultural Affairs, the Ministry for Social Affairs and Employment, but also other ministries, such as the Ministry of Housing, Planning and the Environment. In order to reach the best possible coördination of services on policy level, the Interdepartmental Steering Committee Handicapped Policy ISG has been founded by the government under the chairmanship of the State Secretary of Welfare, Health and Cultural Affairs. On this ISG all ministries sit that are involved in the care of the handicapped, even to a small degree. This are nearly all the ministries.
Of course the ministries mentioned first play a more important part than other ministries that are only concerned with the whole in parts of it. The ISG also keeps in touch with private organizations. There are two large organizations of handicapped people, i.e. the Handicapped Council and the National Council on the Care of the Mentally Retarded. Both organizations are subsidized by the government. They act as advocates and are closely involved in the policymaking. In these organizations the parents' organisations have also been included.
Assistance has joined forces in the Netherlands Foundation for Rehabilitation. Most of the institutes, schools, rehabilitation centres, but also the professional groups, like that of physiotherapists and rehabilitation doctors, are a member of this organization.

There are a lot of institutions in the Netherlands. Gradually the difference in religion does not manifest itself very strongly anymore. A few years ago it did manifest itself strongly.

Regional assistance

Of course assistance should be taken as close to the people as possible. This involves that much service is given in the region, by social work, by the health centres. I think it is also important in this that the existing institutes make their possibilities available to the region. In the institute in which I work for this is done e.g. by means of an adapted driving school, a repair shop, giving advice to regular education. Moreover determining the possibilities of people, giving advice on the adaptation of buildings etc. And fortunately this also is done in other parts of our country. Each province, and the Netherlands boasts twelve, has a consultative council for the care of the mentally handicapped and the rehabilita-

tion of people with psysical and sensory handicaps.
These provincial bodies are also the bodies on which the organizations of handicapped people and the provincial government meet. They advise on planning and services that are then further developed by private initiative. With this the early detection is important. On the managerial level a coördinating administrator is wanted by the local level. On a national level the ISG has one already.

National

Back to national politics. In my function as chairman of the Dutch Society for the Rehabilitation I have supported the participation in the consultation with the government, the ISG, by private initiative. Looking back after all these years I think that actually quite some success has been achieved. Generally speaking a feeling of impotence dominates. A not unimportant part of the people who are handicapped aim at what is called normalization and therefore wonder whether it would not be much better if handicapped and non-handicapped people could appeal to facilities via the same channels and the same policy. For e.g. housing this would be the Ministry for Housing, Planning and the Environment. But it does not yet work like that in the Dutch situation, for other ministries also play an important part with the housing of handicapped people. E.g. the Ministry of Defence subsidizes living quarters for handicapped soldiers. In the ISG the Ministry of Welfare, Health and Cultural Affairs, the Ministry of Education and Science, the Ministry for Social Affairs and Employment and the Ministries of Housing and Defence are concerned with housing. That this is sometimes frustrating and results in different regulations goes without saying in my opinion. A lot of water will have flown under the bridge before a better coöperation and more clarity has been realized.

In private initiative there is now a National Council for the Disabled which may be considered to be representative of the handicapped in society. Some tension is apparent here too. But are there any places in our complex society where this is not the case? Forty national interest groups are now a member of this National Council for the Disabled.
The interests of the mentally handicapped are promoted by the National Council on the Care of the Mentally Retarded.

Personal

Now I would like to tell you something about myself.
I have worked for twenty-five years now in the care of the handicapped as managing director of a training-college for handicapped young people. I have had many contacts with handicapped (young) people in those twenty-five years. I have watched them grow up and tried to contribute to their getting fighting spirit. I have seen the development, in special education as well, at very close quarters.
On a national level I have been chairman of the Dutch Society for the Rehabilitation for years on end, and I have witnessed the emancipation of the handicapped person, and his/her increasing influence on the policy at close quarters.
In another function I have also been involved in the coming about of the Handicapped Council and the development of an organization like the Dutch Society for the Rehabilitation from an organization of and for the handicapped into an organization of the services only.

I am a member of the Board of a Federation of about forty housing facilities that take care of the housing of handicapped people, and finally adviser of a professional association, the members of which are employers and employees. This professional association takes decisions on the fitness or unfitness for work, and also on the facilities for handicapped people and provides the money required for this.

Handicapped people in the Netherlands

If you don't mind I would like to talk now about the development that has taken place during the past few years in various fields and then I shall of course start again with the handicapped person who is the subject of my talk.

As I said before the handicapped person has much more possibilities now than a couple of years ago. Handicapped people participate much more than until recently in regular facilities, take part in society. It has gradually become a real exception when they make use of the specific facilities and when they have to use them necessarily, they are no longer thrown back on charity, but on an adequate and reliable care, education and training to which they have a right.
Yet I recognize however that an area of tension may occur here, concerning in fact three groups.

The first group consists of people with a handicap who participate in society and have won a reasonable status. In spite of a sometimes rather serious handicap, they do not consider themselves handicapped. You might speak of a person with a handicap. Integration has succeeded. Neither do they participate (anymore) in an interest group.

The second group consists of those handicapped people, who as a result of their limitations cannot or can hardly participate in society. Many of them use the specific facilities. In the eyes of some people they are the "real" handicapped. Usually they are either very seriously handicapped, or they have other intellectual or social limitations beside their physical handicap.

And then there is a group of which the representatives of employers/employees and the Joint Medical Service will also talk about, i.e. the group of people who are incapacitated. These are people who cannot or can no longer participate in trade and industry as a result of a disease or handicap. They often do not consider themselves handicapped (as well). They have their own organized interest group too. Their most important handicap is that they have to rely on a social benefit. They can hardly excercise influence on the height of it.

Yet the service from our society is nearly the same for these three groups. The person who is integrated in our society and who has a high income, may nevertheless appeal to the social services for possible adaptations in his expensice car. Likewise the man or woman from the second group, the "real" handicapped person, who may appeal to sometimes expensive special services. And the person (in the 3rd group) who may be considered to be an incapacitated person may also appeal to all facilities and will also receive disablement benefit.

Organizations of handicapped people

It is a question of the day whether the national organizations of handicapped people can be representative for these three groups of people. After all, handicapped people who are integrated may have their interests advocated by their professional group and incapacitated people may together with unemployed people safeguard their interests via the political parties. Not surprisingly we see that, as a result of this, although there is no question of splintering, there is a very strong and also a somewhat militant organization, which represents the group of incapacitated people.

Handicapped people in society

Fortunately most handicapped people are able to participate independently in our society. Society in the Netherlands is also very complex. Housing means a lot to the Dutch. Although not everybody has a house with a garden, many Dutchmen do try to make the most of it. And when people live in an apartment in town, one often does try to get an allotment in the neighbourhood of the town.

Living

People with a handicap, whether they are blind, hard of hearing or physically handicapped are often able to live independently. Houses are often adapted to their needs sometimes with simple, sometimes also with a little more aids. This is usually done by the Ministry for Housing, Planning and the Environment, the Joint Medical Service, and the professional associations, sometimes also with the help of other, private organizations. Those adaptations may concern e.g. the sanitary facilities, the accessibility of e.g. an elevator, but e.g. also a telephonic wake-up service and telephone system for people hard of hearing, and to the replacement of floor-covering for people suffering from asthma.
In our country quite a number of adapted houses have been built in stock. These are houses that have been made accessible in advance or can easily be made accessible, and are then built in certain residential areas. In my view this is not much of a success, because it is not always certain that a handicapped person will ask for such a house. This depends on too many factors. The governement propagates that houses in general are made accessible, so that the drastic and sometimes expensive facilities are no longer necessary.

Fokus

At the end of the sixties/in the early seventies a Fokus system was developed in Sweden. This implies as you will probable know, that a number of adapted apartments is available for handicapped people, and that there is an ADL-centre in the immediate vicinity, which may give service if requested. There are at the moment quite a number of these centres, the ADL-service of which is paid for by the professional associations.

Small types of dwelling

Apart from the above-mentioned types of dwelling there are also small houses/units in which those people who have to rely on any kind of gui-

dance live. It happens more and more that handicapped people, who also have a few other problems besides care, such as social problems, or aiming at living not independently, live in these small units. In each of them a team of people is present, who help them if requested, and sometimes even uninvited. This type of living is financed by the ABWZ, the Exceptional Medical Expenses Act. A disadvantage of this is that this financing has a very high own contribution, so that little remains to make life a little more pleasant. In fact people live collectively and in most of these types of dwelling 20 to 24 people live. You will find them in many parts of the country. Apart from this there are also a few very large types of dwelling.

Large types of dwelling

One of these is "Het Dorp" (the village) in Arnhem, of which you may have heard. The idea behind it was to build a district for handicapped people in a town. The project was realized about twenty years ago, and though it does not promote integration strongly, it does give a number of people the opportunity to live in a normal street with fellowsufferers.

Nursing-homes

And then there are the nursing homes. These are homes for people who are seriously handicapped and are no longer capable of making use of the other services after hospitalization or a stay in an old people's home. These nursing homes are also paid for by the AWBZ (Exceptional Medical Expenses Act).

Taking all things together one may establish that Dutch society aims at making handicapped people live as independently as possible. Undoubtedly my colleagues in this company will tell you about the many possibilities there are to enable people to function independently in that way.

Transport

This may take place by making available cars, means of transport, such as wheelchairs, tricycles, and refunding taxi-costs.
Especially the transport of handicapped people in the Netherlands is an area that should be developed further. Although Dutch people are not used to travelling very much they do use public transport for short distances. The government propagates this anyhow. We have trains, taxis, buses. Especially the buses are criticized. Up to now the government has not been prepared to introduce the so-called Swedish kneel-system. For the question is whether the enormous expenses the introduction of such a system involves are proportional to the expenses made now for e.g. taxi-costs. In many towns there are now wheelchair-taxis as well. Therefore I wonder whether a number of handicapped people would actually use the bus even if it would be accessible. My work for the professional associations often confronts me with people who are not able or not allowed to travel by public transport for all kinds of reasons, such as incontinence, sensitivity to draught, phobia, etc., even though this would be accessible. Apart from the emotional discussion, however, I have not yeat heard the carrying out of a cost-benefit analysis discussed.
Yet there is now, by way of trial a bus route accessible for wheelchairs in Arnhem. This is the town in which "Het Dorp" (the village) is situated.

It is to be wondered whether one will get a good idea in that town, for especially in Arnhem many handicapped people live, and the cut-backs in expenditure for public transport as well have a tremendous influence especially on this group. It almost goes without saying that this group of people is of course going to appeal more often to public transport than the individual who lives elsewhere.

In the Netherlands it is possible for a handicapped person and a wheelchair user too, to travel by train, provided good arrangements are made beforehand. At the stations Dutch Rail is willing to look after the man or woman.
It is a pity that this cannot be said of the underground. Some undergrounds like the one in Amsterdam are inaccessible, in spite of the warnings that were given beforehand when it was built, by the organizations of handicapped people.
Our national airport Schiphol, and we may say this with some pride, is completely accessible and handicapped people will experience few problems there. It goes without saying that transport too asks for many adaptations. Both technically, but also aimed at the handicapped person in the field of care.
The Netherlands has many waterways. Ships have been developed which enable very seriously handicapped people to enjoy a sailing holiday.

Leisure activities

Apart from housing, recreation is also very important for each person. Many public recreational facilities are accessible, such as large summer camps. This cannot be said of all the old castles in the Netherlands, but I think it would be too much to ask of the imagination to adapt these castles as well to the requirements of accessibility. The greater part of the swimming-pools is accessible and the toilet facilities are also adapted. The building regulations take this into account.
There is a sports federation to which all the organizations that promote the practising of sports by handicapped people are affiliated. These sports are archery, football, basketball, swimming, athletics, fishing, sailing, etc. Dutch people are very active in this field, and it is not without reason that the para-lympics were held in Arnhem a few years ago. The Dutch sometimes are a sports-loving people and Sony even sponsored our national team not so long ago, much to the annoyance of another Dutch tv-factory, whose name I shall not mention. A part of the cost of sports activities is paid by the professional associations. Besides funds are raised and the existing clubs are supported by these funds. A completely new development is shown by marathon wheelchair-driving.

Apart form sports there are all kinds of cultural activities. However, the greater part of the handicapped people can take part in normal activities.

Labour

Apart from housing and spare time being able to work is also an issue of importance. A few years ago it was discussed in the Netherlands whether everybody should work or not. Some people wanted to realize a guaranteed minimum income, and they were certainly not only handicapped people.
People wanted to give each person the freedom to either wanting to work or not. Each person would then be given a so-called guaranteed minimum income. This discussion has died down a little. In spite of the question of

the 32-, 36- of 38-hour week nearly everybody, at least most Dutch people, is convinced that people should work. On the one hand in order to increase the national income, on the other hand because it is a fact that working gives a certain degree of status, more income too, and what is much more important, social contacts.

As I have said earlier in my lecture, many people with a handicap, such as organ-handicapped people, but also motordisabled persons, play a part in employment. Handicapped people are to be found in all kinds of functions. These are often those who do not or no longer consider themselves handicapped. It is difficult to prepare a profile of them, but generally speaking they are well-educated people with more intellectual baggage. This is also described as surplus value. These people are often highly motivated too. They are especially people who worked in the same company before they were handicapped. The Dutch Government intends to encourage the entry of participation of handicapped people in trade and industry by means of what is called the WAGW. Mr van Loo will tell you about this.
The question here is: who is handicapped and how can it be determined whether an employer is or is not able to accept handicapped people in his firm.

Apart from the group of handicapped people I mentioned there are also people who work in trade and industry with (financial) support from the professional associations or the government. This may be given by means of either a temporary grant or by the sheltered workshops.

The sheltered workshops

Sheltered workshops act as employers and take care that payment is made. They aim of course at having people accepted in due course by trade and industry in spite of their handicap, and are reasonable successful at this.

The sheltered workshops have been operating for a few decades now. Apart from the people who are lent to trade and industry by the workshops, there are people who work in rather large workshops. Initially they aimed at making people move on in due course from the sheltered workshops which act as suppliers or supporting companies, to free business. Not much has come of this in actual practice. The reason for this is that on the one hand these workshops in my opinion do hold on to the good workers because they can hardly be done without in the production process. On the other hand the worker in the sheltered workshop is wrongfully pigeonholed.
It should be mentioned that the receipts of the sheltered workshops consist of a government subsidy and the money earned by orders. The consequence of this is that it is tried to be as productive as possible.
Because of the slowing economy some years ago the number of orders to the sheltered workshops fell, the government subsidy was increased and out of sheer necessity the workshops had to slim down. These sheltered workshops are financed by the Ministry for Social Affairs and Employment. In my opinion a situation has now been created in which too few seriously handicapped people can have a job in the sheltered workshops. For in the first instance they do not meet economic demand i.e. a reasonable production.
The government stimulates handicapped people to set up in small business and it has a mediating function by means of several bureaus. This mediation, about which other people will talk, is carried out by the Employment Exchanges and the Joint Medical Service. To the activities in business both the government and the social funds give support as well. This may be

given in the possibilities of transport to work, but also in adaptation of the workshop and if necessary in extra training and retraining.

Moreover I am afraid we shall have to accept the fact that the prospects of promotion of handicapped people are in fact sometimes removed. The handicapped person is glad that he/she has a job, and is sometimes snowed under with work during the day, and the possibilities of extra training are either nil or are not accessible. It is often not recognized that a handicapped person may move on to another function that requires more. Indeed, a handicapped person fills a position that is on a lower level than his/her possibilities. This is the so-called concept of surplus value.

I have talked to you about housing, leisure and work. These subjects are preceded by something that is of course important, i.e. the training of youth, education and preparing handicapped people for their future situation.

Early detection

Furthermore it concerns prospective parents that they are informed beforehand if possible, of an early detection. This might be with regard to the so-called preventive examination, for in the field of amniocentesis the Netherlands are very active[4]. Important work in this is done by e.g. the health centres, with the investigation into hearing impaired or motor handicapped children, but also by a number of organizations, like e.g. the BOSK, the Federation of Parents with spastic children. For young children suffering from e.g. spina bifida training courses are given by e.g. the institute I work for, in order to familiarize parents, but especially the young people themselves with the possibilities and limitations there are. Fortunately the practice of taking care of young people for years on end in medical rehabilitation centres has been abandoned. Basically the children stay at home as much as possible, and this is possible because there are many facilities, also in the form of adaptations. You might think of the adapted house, but also of the facilities that are actually necessary in the fields of transport, care, etc. The number of children admitted to hospital health care has declined tremendously during the past few years. These medical facilities now mainly perform a supportive regional function.

Information

A gift was made by the Queen-Mother at the time, which has been used to found an Information and Documentation Centre (IDC) for handicapped children and their parents. The IDC was founded in 1981 and gives information to parents and young people. Besides organizations like the Joint Medical Service and the home nursing services are very active too. The most important features of the IDC are that it is run by the parents themselves and that the establishment of offices in the country is aimed at.

Education

Many handicapped children go to normal schools. Only a small number of them go to so-called special schools. These are often children having

other problems apart from their physical handicap. This is in fact the case with all specific facilities. Then it is not only a matter of a physical handicap, but there are other problems as well, such as aspects of care, lower intellectual level. Children in this group often have brain damage as well. The advantage of these special schools is that the teachers have had a somewhat better training and that the classes are also very small. In the institution I work for the average number of children per class is seven, whereas in normal schools this is twenty-five, twenty-six or even more.
By special education support may be given to regular education, this is called its consultant function. The latest developments in the field of education in the Netherlands are that the regular education budget is cut drastically.
The result of this is that a number of handicapped young people who initially used this, now hardly get sufficient attention and facilities. And the result of this again is that these young people appeal to special education. This increased tremendously during the past few years, even though the number of school-age children is decreasing. The Dutch government is now considering cutting the special education budget as well. Of course that has led to much protest. Yet supporters and opponents agree that generally young people have to rely on regular education. This should not be done however at any cost. I know from experience that quite some people failed completely in regular education. Yet this has been tried against better judgment. The presence of handicapped young people may cause problems too. But again, generally speaking handicapped young people belong to regular education.

If someone has more limitations the choice is obvious and (the) special education may be supplementary. There are many differentiations in this special education, e.g. separate schools for blind people and the partially sigthed, for the multy-handicapped etc. The limitations mentioned are now also to be seen in the so-called ethnic minorities. They have to contend with integration problems, many language problems and if there is a physical handicap as well the road to regular education is blocked. Out of sheer necessity special education is chosen. I am under the impression the comparitively more young people from the ethnic minorities, i.e. people from the Middle East and the former Dutch colonies, make use of specific facilities.

Especially for secondary education, i.e. education preparing for Higher Vocational Training and the Universities, the Foundation Study and Handicap is an important organization. This foundation has advisers in each university town and gives guidance to young people during their studies. On the one hand in order to provide good accomodation, but on the other hand also tutoring, and if necessary to apply for scholarships and financial grants.

As I said before there are many special schools which all cover a separate area. So there are schools for blind and deaf children and slow learners, but also for physically handicapped children. There are a few very large schools for physically handicapped children. These large schools are for the greater part closely related to a medical rehabilitation centre. Fortunately things are now developing in another way than a few years ago, when the medical profession had too much influence on everything and not much or hardly anything came of education. In the institute I work for it is assumed that the educational and pedagogical provision is in the centre and that the medical facilities have a supplementary task. A short comment should be made however: to this school only those young people are admit-

ted of whom it is certain that their medical rehabilitation has been finished so that there is a question of a stable situation.
As I said before, many handicapped young people go by way of regular education either to a university or, after vocational training into trade and industry. A small part of them go to special schools and sometimes move on to regular education. It must be said that a not unimportant part of the young people coming from special schools do not succeed in finding a job in trade and industry and have to turn to the sheltered workshops or to the so-called leisure centres.

Vocational training

There are also a few special institutes for vocational training in the Netherlands. There have been such schools for blind and deaf people for decades. About seven years ago the Dutch government has given the green light to two experimental centres for vocational training. The one is an institution in Hoensbroek which aims especially at people somewhat older, and the other is Werkenrode, the institution I work for, in which handicapped young people from the age of 16 to 25 are educated. Generally speaking the difference between the institution in Hoensbroek and Werkenrode is that the Hoensbroek institution teaches according to the standard school curriculum (yearly intake, special courses) whereas at Werkenrcde the intake can take place during the whole year and the individual possibilities are started from. The duration is determined by the possibilities of each individual. People are not taught more and it is also not tried to teach more than people can learn. The result of this is e.g. that the organization and duration of the courses is quite different.
Both these training colleges, Werkenrode and Hoensbroek, which offer training courses in e.g. electronics, metal, administration, the printing trade and horticulture are 50% financed by the Ministry for Social Affairs and Employment and 50% by the professional associations. In spite of bad times both institutes are successful in finding jobs for their students. Not surprisingly much work is done and the training-courses approximate very much to the work climate in trade and industry, so that it is occasionally said that it would be important that each Dutch professional training would begin to be more active in this direction.
Both institutes are national in nature, which means that the pupils hail from all over the country.

The future

I hope I have been able to give you an idea of the policy, the place of the handicapped person and the way in which service is given in present-day society, by means of this paper. This picture is not complete. Want of time compels me to impose the necessary restraints on myself.
What will the future bring? The Dutch are known to be frugal people. Yet we, as Dutch society, have spent much, very much money on the care of the handicapped during the past few years. We have spent this on benefits, aids, specific facilities and have taken all kinds of measures in order to promote integration. This has of course not only been done for the handicapped but for all kinds of minority groups in Dutch society. But the money for it was really there. Dutch export, the Netherlands has excellent products, was increasing and especially our new export article gas was in great demand all over Europe. Of course the policy pursued required quite some sacrifices from society, i.e. of trade and industry and the worker. This was not much of a problem in the years of prosperity.

The past few years presented a picture of a decreasing national income, a stagnant economy, high unemployment figures. The employers and employees have of course an interest in maintaining consumer purchasing power as much as possible.

Although this is not always expressed, I do think that both employers and workers have an interest in net wages that do not decrease. And when a decrease of the cost of personnel has become necessary, it will go without saying that either a tax reduction or reduction of social insurance contributions will be thought of. A tax reduction is not quite to be expected and therefore the social insurance contributions are under pressure.

Many of the achievements of present-day Dutch society are, or have been paid for by these social insurance contributions. The Dutch government has decided to carry out a number of drastic cuts. THese cuts are aimed at e.g. the benefits, education and health care. It is not my task to commentate on politics here. But it is certain that the readjustment of the social system gives people with a handicap much unrest. It can be admitted I think that it was rather easy in the past to be accepted by the WAO, the Disablement Insurance Act. In my opinion it is overlooked with the present restructuring, which also reckons with calculation in a lurking unemployment, that there are not yet adequate instruments to guide handicapped people to trade and industry. It should be admitted that there is a Disabled Workers Act, the WAGW. But especially in the field of guidance to people who are incapacitated, quite some gaps are to be found. There are not yet enough instruments with which the degree of incapacity can be determined objectively. And sometimes there still are insufficient possibilities for schooling.
I think that especially those possibilities for schooling should be extended. For, a simple cost-benefit analysis shows that the man or woman who finds or finds again a job in business will not only cost society less, but also that he or she will contribute to the revenues of social insurance, and moreover contributes ot the recovery of the economy.

The cuts that have to be carried out in education concern regular education in the first instance. Education for the handicapped is not affected or only to a small degree. There is a tendency to suppose that it will not come to that. Yet I think that a subsidy freeze will create many problems, for special education. On the one hand people tend to assume that by increasing the chances of survival of newborn babies the number of handicapped people grows. Moreover the possibilities of handicapped young people in regular education are diminishing because of the cuts in this type of education. A result of this is that many handicapepd young people who used to take part in regular education, now take refuge with special education. In my opinion the government will not be able to either get around the creation of more financial possibilities for special education, by which a tendency is created to assume that this causes disintegration, or to enable special education to give guidance to those young people, who take part in regular education.
Fortunately the State Secretary for Social Affairs and Employment has decided to maintain the structural measures concerning young people participating in regular education and needing extra facilities.

With regard to housing I would like to observe that the issuing of rules by the government involves that specific facilities are rather expensive. When the issuing of rules would be less strict, I think it would be possible to build the same provisions with less money. If the same money would be available as before, then it would even be possible to build more

accomodation for handicapped people. It should also be considered whether it should not be much more simple as I said before, if a possible future use as housing for handicapped people will be reckoned with when building houses. Naturally the question crops up whether or not it would be more sensible to throw open those facilities for handicapped people that offer possibilities for that, for older people with limitations.

It is asked more and more frequently by the organizations of handicapped people to no longer allocate the provision to handicapped people, but to make available a certain amount of money and offer the handicapped person him/herself the opportunity to make his/her own choice. It might be investigated into whether the possibilities offered then will also cause a reduction of costs.

There is much talk of automation in present-day society. With the help of a robot handicapped people may be able to participate in the world of tomorrow. Yet especially in the work situation the problem arises that a drastic automation will make working impossible for those who have all kinds of limitations. It is not without reason that there is much consultation in the sheltered workshops in the Netherlands on the way in which should be reacted to this.

Much has been realized during the past few years in our country. Much has still to be done. Many achievements are jeopardized. In any case it has nevertheless been achieved that not only the handicapped person of today but also of tomorrow is in the centre of attention. And that is a very good thing. For handicapped people must take part in society whith their rights, with the rights and duties of all citizens in society. They have a right to that.
I sincerely hope, dear listeners, that you will be able to see the possibilities, but also the limitations of our system at close quarters in the Netherlands at the end of this year.

I thank you for your attention.

List of literature

1. Ton Bergers, 56, managing director Werkenrode Groesbeek, the Netherlands. Werkenrode is a vocational training centre for physically handicapped young people, recognized by the Dutch government.
   Ton Bergers also has experience in the field of housing for handicapped persons since his institution offers adapted housing for 230 young residents. Ton Bergers serves as a government advisor on national insurance matters. He is closely involved in international exchange programmes for handicapped persons and has gained much experience in sheltered workshop operations and supporting services for people with disabilities. Ton Bergers has for many years been chairman of the Netherlands Rehabilitation Society, the umbrella group in the Netherlands and of various rehabilitation and health organizations affiliated under the name "Nederlandse Vereniging voor Revalidatie". He was assembly member of Rehabilitation International.

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別添資料（表紙グリーン）より

A．A．M．バーガーズ氏の講演

1．概　説

オランダにおける障害者のケアについて，私の体験を皆様にお伝えできることを大きな喜びとするものであります。

今日のケアだけでなく，その発展の道のり，さらに，将来の取り組み方についてもお話ししたいと思います。

こみ入った議論ではなくその道筋と可能性，および個人的見解を示すにとどめ，政府および，関係者（政府，経営者，労働組合）のりっぱな諸先輩を前にして，拙い話を長々としないよう十分に気をつける所存です。いくつかの項目については，すでにご承知かもしれませんし，また疑問に思われたり，私の意見を異になさる場合もおありでしょう。私の講演が後日行われる討論に寄与することを望む次第です。さらにまた，皆様の意見や体験を知り，それがわが国の障害者ケアのさらなる発展に役立つことを大きな喜びとするものであります。

2．障害者

まず最初に，全般的なお話をいたしましょう。重要なのは，一般的に言えば，20年ほど前に比べるとオランダの障害者は大きな可能性を持っているということです。これは，政府の政策，政治的問題，関係者（政府，経営者，労働組合），および社会の変化によるところが大きいのです。資金や理解が増し，また労働の分野や，住居，レクリエーションとスポーツの面においても，物質的な可能性が大いに増したからです。

また，病気にかかっている障害者をソーシアル・ワーカーに著しく依存させる医療形態は，主流ではありません。

障害者が，障害者としてではなく，人間として評価されることを求めるのは当然のことです。さらに，かれらは自分の受けている治療が確実にコントロールされることを強く望んでいます。恩恵ではなく権利の獲得を求めているのです。現在でも，かれらは時として，従来の援助が障害者の依存心を増大させはしないかと懸念を抱いています。障害者の置かれている実際の状況が，かれらを取り巻く環境，例えば，建物への入りにくさ，乗り物の問題，資金の不足，法律，およびかれら自身の障害によって作り出されていることは，一般に充分認識されています。多くの人々の意見によれば，障害者は患者としてではなく主

に消費者として見るべきだということです。ソーシアル・ワーカーは障害者自身が決めた方法で援助すべきなのです。障害者とはどういった人々を指すのかというご質問・が出るかもしれません。オランダでは障害者は明確に３つに分類されています。

(a) 身体および（または）知覚障害を持つ人々

(b) 精神障害者

(c) 複合障害を持つ人々

公式の数字によれば，５歳以上のオランダの人口の約９％にあたる 100万の人々が身体，あるいは知覚などの障害を持ち，さらに，精神障害などを持つ人々が他におります。

わが国は人口密度が高く国土は広くありません。障害者ケアでは大部分を民間が主導権を握っています。

3. 政府の役割

多くの場合，援助が要請されると，昔とは反対に国か資金提供の役割を果たします。自分のプロジェクトを持っている地方自治体がそれを行う場合もあります。国だけでなく，特別な基金もまた資金の提供を行います。この基金は産業界の利益や雇用者の収入からの強制的な寄付金で成り立っています。実際には国，地方自治体，社会基金が民間企業に財政援助をし，このように民間企業は政府の援助を得て設立，維持が可能なのです。従って，政府が管理監督を行い，財布のひもをしめることによって，受け入れられないプロジェクトは反古にできるのです。中央政府の役割を一歩後退させ，地方自治体に力点を移すねらいもあります。障害者ケアに関係する省は，文部，厚生，労働の各省でけでなく，住宅省，環境省などもそうです。政策レベルでの可能な限りの調整を行う目的で，厚生大臣を長とした「障害者政策に関する各省間の運営委員会」（ＩＳＧ）が政府によって設立されました。この委員会には，多少でも障害者ケアに関係のある省はすべて名を連ねています。そして，これはほとんどすべての省です。

もちろん，最初に述べた各省は部分的にしか関与していない他の各省よりも重要な役割を演じています。ＩＳＧはまた民間の組織とも接触を持っています。オランダには障害者の二大組織，障害者協議会と知恵おくれのケアに関する全国協議会があり，両組織とも政府から助成金を得ています。そして唱導者の役割を果たし，政策決定に密接に関与しているのです。両組織には親たちの団体も含まれています。ソーシアル・ワーカーと障害者の場合には数多くの方面からの支援が結集しています。多くの施設，学校，リハビリセンタ

ーだけでなく，理学療法を行うといった専門家のグループもまたこの組織の一員です。

オランダには数多くの団体があり，宗教的なちがいが次第に顕著ではなくなってきています。十数年前は，それがきわめて顕著でした。

4. 私自身のこと

私のことについて少しお話ししたいと思います。今日まで25年間，青少年の障害者のための訓練学校の理事として，障害者ケアの只中で仕事をしてまいりました。この25年間，障害者と接する機会を数多く持ち，かれらの成長する姿を見守り，かれらが生きる闘志を身につけられるようにと努力してきました。特殊教育の分野ではもちろんのこと，もっと身近な面においても，その発展を見てきました。ここ数年は全国的な規模のオランダリハビリ協会の会長の職にもあり，障害者の解放を目にし，政策に対してかれらが及ぼす影響力を身近なところで目撃してきました。

別の面では，障害者協議会の誕生や，オランダリハビリ協会といった組織が，障害者による障害者のための組織から，サービスのみの組織へと発展したことにもかかわってきました。

私は約40の住宅施設を統轄する委員会の委員で，この委員会は障害者に住居の世話をしています。最後に雇用者と被雇用者で構成される職業協会のアドバイザーでもあります。この職業協会は仕事への適性や障害者の施設に関する決定を行い，これに必要な資金を提供します。

5. オランダにおける障害者

さて，今度は，過去数年のあいだに，様々な分野で起こった変化発展についてお話しし，そのあとで，私の講演のテーマである障害者について再びお話ししたいと思います。

前に述べましたように，今日の障害者は2，3年前に比べ，より大きな可能性を持っております。障害者は以前に比べると最近では普通の施設に入り，社会参加をより多くするようになりました。特別の施設を利用したり，その必要に迫られるのは次第に例外的になりつつあり，もはや慈善施設に送り返されることはなくなり，当然の権利として，適切で信頼できるケア，教育や訓練を受けることができるのです。障害者を次の三つのグループに分類するのは議論の余地があるかもしれません。

第一のグループは，社会に参加し，それ相当な地位を得ている障害者たちです。時とし

て重度の障害を持ちながら自分を障害者だとは考えていません。ハンディキャップをもっている人といえるでしょう。社会参加に成功しているのです。しかし利益団体には参加したりはしません。

第二のグループは，障害の結果，社会参加が不可能かほとんど不可能な障害者たちです。その多くは特別な施設を利用しています。ある人々の目にはかれらが「本当の」障害者だと映ります。通常かれらは，きわめて重度の障害を持っていたり，身体障害にかえて，知能の障害や社会的な制約を持っていたりします。そして，雇用者と被雇用者の代表や合同医療サービスが話題にするグループがあります。働く能力のない障害者たちで，かれらは疾病や障害の結果，商工業に従事することが不可能だったり，今後も不可能な障害者たちです。自分のことを障害者だと考えない場合がよくあります。かれらは自分たちの組織的な利益団体を持っています。最も重要なハンディキャップは社会の恩恵に依存しなければならないことです。上に立って影響力を発揮することはできません。しかしながら，この三つのグループは社会からのサービスをほぼ同じように受けられます。社会に参加し高収入を得ている障害者でも，自分の高価な車を改造するためにソーシアル・サービスを要請してもかまいません。費用のかかる特別のサービスを時々要請する，第二のグループの「本当の」障害者と同様にです。そして，働く能力がないと考えられている障害者もあらゆる機関に要請したり，また障害者手当てを受けてもかまわないのです。

6. 障害者の組織

近い将来，障害者の全国組織が障害者の三つのグループを代表するようになるでしょう。結局，社会参加している障害者は専門家のグループによってその利益を擁護され，働く能力のない障害者は失業者とともに，政党によってその利益を反古されているのです。驚くにはあたらないのですが，この結果，分裂の問題のない強力で多少戦闘的な組織が生まれています。これは働く能力のない障害者を代表する組織です。

7. 社会における障害者

幸いにも，多くの障害者は独立して社会参加をすることが可能です。

オランダの社会は複雑で，住居はオランダ人にとって大きな意味を持っています。みなが庭つきの家を持っているわけではありませんが，多くのオランダ人がそれを最も重視しているのです。町のアパートに住んでいる人は，しばしば郊外の家庭菜園を持とうとします。

8. 生　活

盲目であり，難聴であれ，身体障害であれ，障害を持つ人々が独立して生活することが可能なのです。住宅はしばしば，障害者のニーズにあわせて，簡単でちょっとした補助物をつけて，改造が施されます。通常，これは住宅省，環境省，合同医療サービス，職業協会によって行われ，また他の民間の組織の手を借りる場合もあります。こういった改造は，例えば衛生設備やエレベーターといったものだけでなく，モーニングコールのサービスや難聴者のための電話器から，ぜん息患者のための床材の取り替えにまで関係するものです。

わが国には余分な改造住宅が多数あり，こういった住宅は頭金だけで入手できましたし，現在でも簡単に入手できますし，また一定の住宅地域に建設中でもあります。私の考えではこの改造住宅は大成功だったというわけではないようです。障害者がそういった住宅を求めているのかどうか，必ずしもはっきりしないからです。これはあまりにも多くの要素にかかわる問題なのです。政府は，住宅は総じて入手できるので，費用のかかる完全な施設はもはや必要ない，と宣伝しています。

9. フォーカス

1960年代の終りから70年代のはじめにかけて，「フォーカス・システム」がスウェーデンで発達しました。これは，皆様がおそらくご存じのとおり，障害者が利用できる改造住宅が多数あり，必要なときにサービスを受けられるＡＤＬセンターがすぐ近くにもあるというのです。現在，こういったセンターが数多くあり，職業協会がそのサービスに対する経費の支払いを行っています。

10. 小型住居

今述べた型の住居の他に，補助が必要な障害者のための小型住居もあります。ケアの他に社会的な問題といった別の問題をかかえていたり，ひとりでは生活できない障害者がこの小型住居に入っており，こういった例はますますふえています。各小型住居には，必要なときに手を貸すチーム編成の協力者がいますが，時として歓迎されない場合もあるのです。ここでの生活にはＡＷＢＺ（医療費特例法）によって資金援助がなされますが，この制度の欠点は，資金援助を受けるには，高額の寄付が必要で，その結果ちょっと快適な生活を送ろうとすれば，金がほとんど残らなくなってしまうのです。障害者は集団で生活し，こういった型の住居に，20名から24名の障害者が生活しています。この住居はわが国の多

くの地域に見られます。これとは別に非常に大型の住居がいくつかあります。

11. 大型住居

そのひとつは，すでにお聞きおよびかもしれませんが，アーヘンにある「ヘット・ドープ」（村）です。この背景にある考え方は，町の中に障害者のための地区を造るというものです。このプロジェクトは20年ほど前に実現し，社会参加の促進にはなりませんが，仲間の障害者たちとふつうの街で生活する機会が多くの障害者に与えられます。

12. ナーシング・ホーム

次にナーシング・ホームがあります。これは重度の障害者，および退院後，他のサービスの利用が不可能だったり，養老院にいられなくなった人々のための施設です。こういったナーシング・ホームもＡＷＢＺによって経費が出されています。

こういったことを考えあわせますると，オランダの社会が障害者にできる限り独立した生活をさせることをめざしているのがはっきりするかもしれません。ここにお集まりのわが国の方々もこのような方法で障害者が独立して生活できる可能性がたくさんあることをきっと皆様にお話しすることでしょう。

13. 輸送手段

まず，車の利用，車椅子や三輪自転車といった輸送手段，タクシー代の払い戻しのお話からいたしましょう。特に，オランダにおける障害者のための輸送手段は開発の余地のある分野です。オランダ人は旅行に大変不慣れなのですが，短い距離には公共の交通機関を利用します。政府はわが国には，電車も，タクシーも，バスについて，整備されていると宣伝していますが，特にバスは非難の的になっています。現在までのところ，政府にはいわゆるスウェーデンのニール・システム導入の計画はありません。このシステム導入により莫大な経費がタクシー代の経費とつり合うかどうか問題だからです。多くの町に，現在，車椅子用のタクシーがあります。従って，このバスが利用可能になったとしても，多くの障害者が実際に利用するかどうか疑問なのです。職業協会の仕事で，私は公共の交通機関が利用可能でも，失禁症，乗り物酔い，乗り物恐怖症など，様々な理由で，実際には利用できない障害者に接しました。

しかしながら，感情的になされた議論は別として，費用効果分析を行うという議論をま

だ聞いたことがありません。けれども，「ヘッド・ドープ」（村）のある町，アーヘンには車椅子で利用できる試験的なバス路線があるのです。この町の人によい考えが浮かぶかどうかは疑問です。特にアーヘンでは障害者が多く生活し，公共の交通機関に対する経費の削減もまたこういった障害者に多大な影響を及ぼすからです。こういった障害者が他所で暮らしている人に援助を求めるよりも，公共の交通機関を利用するほうが多いのは言うまでもありません。オランダでは，あらかじめ手配しておけば，障害者や車椅子の障害者が汽車で旅行ができます。オランダ国鉄の駅では心よく世話をしてくれます。しかし，残念ながら地下鉄の場合はそうはいきません。アムステルダムの地下鉄のように，障害者が利用できない地下鉄がいくつかあります。建設時に，障害者の組織が事前に警告を発したのですが，オランダのシーポール空港は，誇りを持って言えると思いますが，障害者の利用が全面的に可能で，ほとんど問題は起こりません。言うまでもなく交通機関でも改造が必要なのです。技術的にはもちろん，ケアの分野で障害者のためにもです。オランダには水路が数多くあり，重度の障害者が船上で休日を楽しめるように，船舶も改良されてきました。

14．余暇活動

住居の他に，レクリエーションもまた障害者にとっては大切なものです。公共のレクリエーション施設が数多く利用できます。サマーキャンプもそうです。しかし，オランダの古城についてはあてはまりません。利用できるように必要な設備を整えるなんて無理な話です。スイミング・プールの大部分は利用可能ですし，トイレの設備も改造されています。建築物に関する法規もトイレのことを考慮に入れております。スポーツ連盟があり，障害者のスポーツを促進する組織がすべてこれに加盟しています。こういったスポーツとはアーチェリー，フットボール，バスケットボール，水泳，アスレチックなどです。オランダでは障害者のスポーツが盛んで，数年前にアーヘンでパラリンピックが開催されたのも理由なしではありません。オランダはスポーツ愛好国で，少しまえには，ソニーがわがナショナル・チームのスポンサーになったくらいです。これにはオランダのテレビメーカーも非常に困惑しましたが，その社名は申しあげないことにいたしましょう。スポーツ活動の費用の一部を職業協会が負担しています。

さらに，基金が設立され，現在のスポーツクラブはこの基金の援助を受けています。また車椅子のマラソンが急速に発展してきています。

スポーツの他に，様々な文化活動があります。しかしながら，障害者の大部分は「ふつうの」活動に参加できます。

15. 労　働

住居や余暇の他に，仕事もまた重要な問題です。

数年前，オランダでは障害者全員が働くべきか否かという議論がありました。最低収入の保証の実現を望む声がありますが，もちろん，これは障害者に限ったことではありません。働くかどうかの選択の自由を障害者は望んでいたのです。ゆくゆくは，いわゆる収入の最低保証も実現するでしょう。この議論は現在下火になっています。週32時間か，36時間か，30時間かという労働時間の問題もありますが，障害者のほぼ全員，すくなくともオランダの障害者の大部分が働くべきだと確信しています。収入の増加のためと，労働によってある程度の地位と収入が与えられ，それにもっと重要なことは社会との接触がもたらされるからなのです。

私の講演のはじめのほうで申しましたように，器官障害を持つ障害者だけでなく，肢体不自由者も就業しています。あらゆる職務に就いているはずです。こういった障害者は自分を障害者だとは考えていません。かれらのプロフィールをご紹介はできないのですが，一般に教育水準の高いインテリです。これもまた余剰価値です。

こういった障害者はまた職業意識が強いのです。かれらは障害者になる前と同じ会社で働きます。オランダ政府は，いわゆるＷＡＧＷにより，障害者の産業界への参加を奨励する計画です。これについてはヴァン・ルー氏がお話するでしょう。

ここで問題なのは，障害者とはだれを指すのか，雇用者が自分の会社への障害者の受け入れの諾否をどうやって決めるかということです。今のべました障害者の他に，職業協会や政府から（経済的な）援助を得て産業界で働いている障害者もおります。この援助は一時的な助成金の形とか，保護作業場によって行われています。

16. 保護作業場

保護作業場は雇用者の役割を果し，支払いが行われているかどうか注意します。保護作業場のねらいは，障害があっても障害者を適当な時期に産業界に送りこむことで，これはかなりの成果を収めています。

保護作業場は現在まで20～30年間運営されてきました。保護作業所が産業界に派遣する

障害者の他に，大規模な作業場で働く障害者がいます。この作業場の当初のねらいは，障害者を派遣したり，会社を助けたりする役割を果たす保護作業所から，適当な時期に障害者を一般の職場に移すことでした。しかし，実際に行われてみると，あまり大きな成果は生まれていません。これは，私の考えでは，ひとつには，こういった作業場が優秀な障害者を手離さないからです。生産工程には優秀な働き手がどうしても必要なわけです。

一方，保護作業所の障害者は不当にもあとまわしにされています。保護作業所の収入は政府の助成金と注文によって得たもうけから成り立っているのです。この結果，できるだけ生産性を高めようと努めるわけです。数年前の不況で，保護作業所への注文が減り，政府の助成金がふやされ，規模の縮少を余儀なくされました。こういった保護作業所は労働省から財政援助を受けています。私の見たところでは，重度の障害者のほとんどが保護作業所で仕事を持てない状況が現在生まれています。

第一に，妥当な生産という経済的要求を満たさないからです。政府は障害者に小さな商売を始めるように奨励しており，あっせんを行う事務所がいくつかあります。他の障害者についてもお話ししますが，このあっせんは職業安定所と合同医療サービスが行っています。この商売活動に対して，政府と社会基金の両者が援助しています。この援助は，仕事で移動が必要な場合だけでなく，作業所の改造に対してや特別の訓練や再訓練が必要な場合にも行われるかもしれません。

その上，実際には障害者は昇進の見込みが時としてないという事実を認めなければならないでしょう。仕事を持つことは障害者の喜びでありますが，時として一日中仕事に忙殺され，特別の訓練を受けることがまったくできないか，あまり期待もできないのです。障害者が必要に応じて他の職務に移ることはあまり認められてはいません。実際，障害者は自分の能力よりも低いレベルの職に甘んじています。これはいわゆる余剰価値の考え方です。

住宅，余暇，仕事についてお話してまいりました。こういったテーマより，青少年の訓練，教育，障害者の将来へ向けての準備といった重要なテーマを優先させるべきでしょう。

17．早期発見

さらに，早期発見について，将来親となる人々に，できるなら前もって知らせておくのは重要なことです。これはいわゆる予防テストに関する話で，オランダでは羊水診断の分野が大変盛んだからです。この分野での重要な仕事は，障害胎児や運動障害胎児を調査す

るヘルスセンターだけでなく，けいれん性脳性麻痺の子供を持つ親の会（ＢＯＳＫ）のうな数多くの組織によっても行われます。脊椎披裂の幼児のための訓練コースが私が理をしている学校にあり，これは親にもよく知ってもらうためのものでもあるのです。特い若い障害者は自分自身のなかに可能性と限界をかかえております。

幸いにも，数年間ずっと，医療リハビリセンターで若い障害者に対しケアが廃止されました。基本的には，障害児はできる限り自宅においておくのです。これは，多くの設備がありますし，また住宅の改造によっても可能なわけです。皆様は改造住宅だけでなく，交通，ケアなどの分野で実際に必要な設備のことを思い浮かべられるかもしれません。ここ数年間で，入院してヘルスケアを行った障害児の数は著しく減少しました。こういった医療設備が現在，主に局部の機能を補助しています。

18. 情　報

数年前，皇太后から送りものがありました。障害児とその親のための資料情報センター（ＩＤＣ）を設立してくださったのです。ＩＤＣは1981年に設立され親や若い障害者に情報を提供しています。

また，合同医療サービスといった組織やホームナーシング，サービスの活動は大変盛んです。ＩＤＣの最も重要な特徴は親の手によって運営され，地方にオフィスを設立することを目指している点です。

19. 教　育

多くの障害児はふつうの学校に通っています。ごく少数が特殊学校へ通っているのです。こういうった障害児はしばしば身体障害の他に他の問題をかかえています。特殊施設についてもすべて同様のことが言えます。身体障害の問題だけでなく，ケアや知能の低さといった問題があるわけです。この種の障害児には，しばしば脳の損傷があります。こういった特殊学校の利点は，教師は訓練を受けていて，クラスはごく少人数だということです。私が理事をしている学校は，１クラス平均７名で，普通の学校では25.6名，あるいはそれ以上です。特殊教育によって，普通教育の補助をするわけですが，これはコンサルタント機能と呼ばれています。オランダにおける教育の分野での最近の進歩は普通教育の予算が著しく削られていることです。この結果，当初普通教育を利用していた数多くの若い障害者は充分な世話と設備を与えられていません。また，こういった若い障害者は特殊教育を

求めています。過去数年間，学齢児童の数は減少しているにもかかわらず，この数は著しく増加しているのです。現在，オランダ政府は特殊教育の予算の削減をも考慮中です。もちろん，大きな抗議が巻き起こっています。しかしながら，この支持者も反対者も一般に若い障害者は普通教育にたよるべきだという点では意見が一致しているのです。この予算の削減はなんとしても実現させてはなりません。私の経験では，ごく少数の障害者は普通教育では完全に失敗します。しかし，こういったことが不本意ながら試みられてきました。若い障害者の存在が問題をひきおこすこともあるのです。しかし，概して，若い障害者は普通教育を受けています。

制約が多ければ，どちらを選択するかは明白で，特殊教育が補ってくれるでしょう。この特殊教育では，盲学校，複合障害者のための学校等々といった区別があります。この制約はいわゆる少数民族の間でも見られるものです。かれらは，社会参加の問題，言葉に関する多くの問題と戦わなければなりませんし，身体障害でもあれば，普通教育への道は閉ざされてしまいます。必要に迫られて特殊教育を選ぶわけです。少数民族，つまり，中近東や旧オランダ植民地出身の障害者は特殊な施設を利用しています。

特に，高等職業訓練学校や大学への準備教育，「勉学と障害のための財団」は重要な組織です。この財団は大学のある各都市にアドバイザーを持ち，就学中の若い障害者がガイダンスを行っています。便宜をはかってくれると同時に家庭教師も行ってくれますし，必要があれば，奨学金や助成金を申請してくれます。

前に言いましたように多くの特殊学校があり，各分野すべてを扱っています。盲学校，ろう学校，知恵おくれのための学校だけでなく身体障害児童の学校もあります。身体障害児のための大規模な学校が数校ありますが，これらの大規模な学校はそのほとんどが医療リハビリセンターと密接な関係を持っています。幸いにも，数年前に比べると現在は事態が別の方向へ発展しています。数年前は医療がなにごとにも多大な影響を与え，教育からはあまり多くが，あるいはほとんどなにも生まれて来ませんでした。私が理事をしている学校では，当然，教育が中心で，医療は補助的な仕事と考えています。しかしながら，ここでちょっと説明をかえるべきでしょう。この学校には若い障害者しか入学を許可されませんし，彼等は医療，すでにリハビリを終え，状態が安定しているかどうかという問題しかない障害者たちなのです。前に言いましたように，多くの若い障害者は普通教育を経て，大学とかまた職業訓練を受けた後に，産業界へ行くわけです。少数の若い障害者が特殊学校へ行き，時として普通教育へ移る場合もあります。特殊学校出身の若い障害者の大部分

が産業界でうまく職を見つけられず，保護作業所やいわゆるレジャー・センターへ向かわなければならないのです。

20．職業訓練

また，オランダには，職業訓練を行う特殊学校も数校あります。盲人やろうあ者のための職業訓練学校ができて数十年になります。7年前オランダ政府は職業訓練を行う実験校に対し正式な許可を与えました。1校はホーンスブロークスにある学校で特にやや年齢の高い障害者を対象にしており，もう1校はワーケンロードにある私が理事をしている学校で，16歳から25歳までの若い障害者が教育を受けています。一般に，この2校の違いはホーンスブロークスの学校では普通学校のカリキュラム（年1回の入学特別コース）に従っており，一方，ワーケンロードの学校では年間を通して随時入学でき，まずそれぞれの能力に合わせて教育が行われます。期間は各個人の能力に応じて決定されます。障害者は多くを教えられるのではなく，また，能力以上のことを教えようとはしません。この結果，例えば，コースの編成や期間はまったく異なります。ホーンスブロークス，ワーケンロードの両訓練校には電子工学，金属，経営，印刷業，園芸の訓練コースがあり，労働省から50%，職業協会から50%の財政援助を受けています。不況にもかかわらず学生の就職は好調です。驚くにはあたらないのですが，多くの仕事がなされ，訓練コースは産業界の労働傾向にきわめて接近し，その結果重要なのはオランダの職業訓練がこの方面で活発になるだろうと時々言われていることです。両校とも事実上，国立で，そのため，全国から生徒が押し寄せて来るのです。

21．地方援助

もちろん，障害者に対して密着した援助が行われるべきであります。これには，地方において，ソーシアル・ワークやヘルスセンターによる多くのサービスがなされることも含まれます。この点でまた，重要なことは既存の学校の力を地方に利用させることです。私が理事をしている学校はこれを行っています。例えば，改造した自動車学校やリペアーショップ，普通教育に助言を与えることによってです。他に，障害者の能力を見きわめたり，建物の改造に関して助言を与えることなどもします。幸いにも，こういったことはわが国の他の地域でも行われています。各州，オランダの誇る12州にはそれぞれ，精神障害者のケア，および身体，知覚障害者のリハビリに対する協議委員会があります。また，こうい

った各州の組織で障害者の組織と州政府が会合を持ちます。この組織は民間の主導で展開している計画の立案やサービスについて助言を与えるわけです。ここでも，前に述べました早期発見は重要です。地方レベルでも，管理者運営面での調整役が必要なのです。国レベルではＩＳＧがすでに調整役を行っています。

22. 国

国の政策に話を戻しましょう。オランダリハビリ協会の会長としての私の職務で，私に政府，および民間主導のＩＳＧとの協議への参加のお伝いをしてまいりました。ふり返ってみますと，実際にはごくわずかの成果しか収められなかったように思います。まあ，無力感がみなぎっていると言えるでしょう。障害者の大部分はふつうに生活することを目指しており，従って，障害者もそうでない人も，同じルートや同じ政策によって機関を利用するのはまずいという意見には疑問を抱きます。例えば住宅については住宅省があたるというようにです。しかし，オランダの現状では，これはまだうまくいっていません。障害者の住宅に関しては，他の省も重要な役割を果たしています。

軍人の宿舎には国防省が補助金を出しているのです。ＩＳＧでは，厚生省，文部省，労働省，住宅省，国防省が住宅問題に関係しています。言うまでもないことですが，私の見たところ，これではいら立ちを覚え，調整は失敗に帰します。明快でうまい調整が実現するまでには，多くの失敗があるでしょう。現在，民間主導では，障害者全国協議会があり，障害者を代表する組織だと考えられています。これは議論の余地があり，緊張が漂いますが，われわれの複雑な社会で緊張のない所があるでしょうか？

現在，全国の35の利益団体がこの障害者全国協議会に加入しています。精神障害者の利益は知恵おくれのケアに関する全国協議会が促進しています。

23. 将　来

この講演で，政策，障害者の位置づけ，現代社会で提供されるサービスの方法についてお話できたことと思います。これではまだまだ不十分なのですが，時間の関係上，いたしかたございません。将来が何をもたらすでしょうか？オランダ人はつましい国民として知られております。しかしながら，われわれのオランダ社会は過去数年間に，障害者に多額の金を使ってきました。これを障害者手当て，補助器具，特殊な設備に費やしてきましたし，社会参加を促進するためにあらゆる方策をとってまいりました。もちろん，これは障

害者に対してだけでなく，オランダ社会のあらゆる種類の弱者に対してもあてはまったのです。これを行う資金が実際にありました。優秀な製品を持つオランダは，輸出が増加していましたし，特に新しい輸出である天然ガスは，ヨーロッパ中に大きな需要がありました。もちろん，政策の遂行には社会からごくわずかな犠牲を必要としました。つまり，産業界や労働者の犠牲です。繁栄の時代には，これはさほど問題にはなりませんでした。ここ数年は，歳入の減少，不況，高失業率といった様相を呈しています。もちろん，雇用者も被雇用者もできる限り消費者の購買力の維持することに関心を持っています。

これは必ずしも言えないことですが，雇用者も労働者も実質賃金が目減りしないことに関心を持っているものと思います。人件費の削減が必要になれば，減税か，社会保険費の減額を考えるのは言うまでもありません。減税はまったく期待できませんから，社会保険費にしわ寄せがきます。

現代のオランダ社会で成就されたものの多くは，こういった社会保険料によってまかなわれていますし，これまでもそうでした。オランダ政府は数多くの思い切った経費の削減策の実行を決めました。これらは例えば，障害者手当て，教育，ヘルス・ケアに対するものです。今は政治について述べる立場にはありません。しかし，こうした社会機構の再調整が障害者に多くの不安を与えていることは確かです。もちろん，過去においてはＷＡＯ，障害者保険法によって受け入れることは簡単でした。私の考えでは，現在行われている改革，これは潜在失業者の数も考慮に入れているわけなのですが，この改革では，障害者を産業界へ導くための適当な機関が今だに存在しないということが見落とされているのです。ＷＡＧＷ，障害者労働法の存在に注目すべきでしょう。しかし，特に働く能力のない者に対するガイダンスの分野では，ごくわずかながら欠陥があるはずです。働く能力の程度を客観的に見きわめる充分な機関がまだないのです。それに，訓練教育を受けられる機会が充分でない場合があります。特に，訓練教育を受けられ機会を広げるべきだと私は思います。というのは，単純な費用効果分析によれば，就職または再就職をすれば，社会の費やす金が少なくなるだけでなく，社会保険の財源に寄与し，そのうえ，経済の回復にも寄与するわけです。教育面で行われる経費削減はまず，普通教育に影響がありますが，障害者教育には影響がないか，あってもわずかです。そこまでは行かないように思われます。しかしながら，助成金の凍結によって，特殊教育には多くの問題が生まれるでしょう。一方新生児の死亡率を低くすれば，障害者の数がふえると考えがちです。そのうえ，教育に対するこの種の経費削減によって，若い障害者が普通教育を受けられる機会が減ってきてい

ます。この結果，かっては普通教育を受けていた若い多くの障害者が特殊教育のほうへ移っています。私の考えでは，政府には特殊教育に対してさらに財政支出をする余裕はありませんし，従って，これにより，障害者の一般への同化が不可能にあるという考えか支配的です。また，普通教育を受けている若い障害者を特殊教育ではうまく指導できないでしょう。幸い，労働大臣は，普通教育を受けていて，特別なはからいを必要としている若い障害者については，大筋において，これまでの方策を継続することを決定しました。

住宅に関しては，政令の施行により，特殊な設備はかなり金がかかるようになることを言っておきたいと思います。政令の施行がさほど厳格に行われなければ，あまり金をかけずに同じ設備を作れるでしょう。金があれば障害者を収容する設備をもっと作れるでしょう。前に言ったようにもっと住居を簡単にしなくてよいのか，家を建てる際に将来障害者の住居として使うことを考慮に入れるかどうか，そういったことも検討されるべきなのです。当然，金の出せる障害者や身のまわりの不自由な老人にそういった設備を解放するのが賢明かどうかという問題が生じてきます。

設備を障害者に割り当てるのではなく，一定の金額をもらって自分で選択すべきだという声が障害者の組織からしきりにあがっています。これが経費の節減になるかどうか，検討されるでしょう。

現代社会におけるオートメーション化については多くのことがいわれております。ロボットの助けを借りれば，障害者は明日の世界へ参加できるでしょう。しかしながら，特に，現在の労働状況では，急激なオートメーション化が様々な障害を持つ人々の労働を不可能にするという問題が起きています。オランダにおける保護作業所が協議して解決すべき多くの問題をかかえているのはいわれなきことではないのです。

過去数年にわたって，多くのことが実現してきました。今後の課題はまだたくさんあります。成就された多くのことが危険にさらされています。しかし，いずれに今日の障害者のみならず明日の障害者も注目の的であることは確かであります。これは誠にすばらしいことなのです。というのも，障害者は自分の権利として社会に参加しなければならず，それにまた，全国民の権利と義務でもあるからです。障害者は社会に参加する権利があるのです。皆さん，私はそれが実現することを心から願っておりますし，オランダでは今年の末に，わが国の制度の限界がはっきりと見えてくるでしょう。ご静聴ありがとうございました。